MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/544730

FILING DATE

APPLICANT(S)

CLAIMS

#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/		/				51						
2		/		/			52						
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48							98						
49							99						
50							100						
TOTAL IND.	1	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	10	←	18	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	11		20				TOTAL CLAIMS						

PTO-1360 (REV. 9/83)